## \*\*\* File Copy Only: Do Not Submit Paper Form to EPA \*\*\*

Validation Status: Passed with Possible Errors 1 2 3 4 5 Additional Info (IMPORTANT: Type or print; read instructions before completing form) Form Approved OMB Number: 2070-0093 Approval Expires: 01/31/2010 Page 1 of 5 TRI Facility ID Number **EPA** FORM R 98134LSKNC32006 United States Section 313 of the Emergency Planning and Community Right-to-know Act of 1986, **Environmental Protection** also known as Title III of the Superfund Amendments and Reauthorization Act. Toxic Chemical, Category or Generic Name Agency **Manganese Compounds** 1. TRI Data Processing Center WHERE TO SEND P.O. Box 10163 2. APPROPRIATE STATE OFFICE COMPLETED FORMS: Fairfax, VA 22038 (See instructions in Appendix F) \*\*\* File Copy Only: Do Not Submit Paper Form to EPA \*\*\* This section only applies if you are revising or Withdrawal (enter up to two code(s)) Revision (enter up to two code(s)) withdrawing a previously submitted form, otherwise leave blank: Important: See Instructions to determine when "Not Applicable (NA)" boxes should be checked. Part I. FACILITY IDENTIFICATION INFORMATION SECTION 1. REPORTING YEAR: 2007 SECTION 2. TRADE SECRET INFORMATION 2.1 Are you claiming the toxic chemical identified on page 2 trade secret? 2.2 Is this copy [] Yes (Answer question 2.2; Attach substantiation forms) [] Sanitized [] Unsanitized [X] NO (Do not answer 2.2; Go to Section 3) (Answer only if "YES" in 2.1) SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.) I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report. Name and official title of owner/operator or senior management official: Signature: Date Signed: File Copy Only: Do Not Submit Paper Form to EPA File Copy Only: Do Not Submit Paper Form to EPA XX/XX/XXXX SECTION 4. FACILITY IDENTIFICATION 4.1 TRI Facility ID Number 98134LSKNC32006 Facility or Establishment Name
ALASKAN COPPER WORKS Facility or Establishment Name or Mailing Address(if different from street address) ALASKAN COPPER WORKS Street Mailing Address 3200 6TH AVE S PO BOX 3546 City/County/State/Zip Code City/State/Zip Code SEATTLE / WA / 98124 Country (Non-US) SEATTLE / King / WA / 98134 This report contains information for: 4.2 a. [X] An Entire facility b. [] Part of a facility c. [] A Federal facility d.[]GOCO (Important: check a or b; check c or d if applicable) 4.3 Email Address Telephone Number (include area code) Technical Contact name JAMES BROWN (b) (6) 2066235800 Telephone Number (include area code) **Email Address** 4.4 Public Contact name JAMES BROWN 2066235800 a. 332996 4.5 NAICS Code(s) (6 digits) b. c d. f. (Primary) Dun and Bradstreet 4.6 Number(s) (9 digits) a. 009255571 Ъ. SECTION 5. PARENT COMPANY INFORMATION Name of Parent Company

NA[]

NA[]

Parent Company's Dun & Bradstreet Number EPA Form 9350-1 (Rev. 01/2008) - Previous editions are obsolete.

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# EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION

TRI Facility ID Number

### 98134LSKNC32006

Toxic Chemical, Category or Generic Name

11														
								Manganese Compounds						
SECTIO	ECTION 1. TOXIC CHEMICAL IDENTITY (Important DO NOT complete this section if you completed Section 2 below.)													
1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)													
	N450													
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)													
1.2							Manganes	se Compoun	ds					
Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "yes". Generic Name must be structurally described								scriptive).						
1.3		NA NA												
	Distribution of Each Member of the Dioxin and Dioxin-like Compounds Category.  (If there are any numbers in boxes 1-17, then every field must be filled in with either 0 or some number between 0.01 and 100. Distribution should be reported in													
1.4	(If there a	re any numbers	in boxes 1 percent	-17, then ever	y field i	must be t	filled in with	n either 0 or s	ome number	r between 0.0 data availab	1 and 100 D	istribution s	hould be rep	orted in
	1 2	3 4	5	6 7	8	9	10	11	12	13	14	15	16	17
NA[]														
			<u> </u>		<u> </u>									
SECTIO	ON 2. MIXTURE													4
2.1		Generic Ch	emical Na	me Provided	oy Supp	lier (Imp	ortant: Max	imum of 70 c	characters, in	ncluding num	bers, spaces,	and punctua	ation.)	
2.1	NA NA													
SECTIO	N 3. ACTIVITI	ES AND USES	OF THE	OXIC CHEN	/ICAL	AT THE	FACILITY	,		·····				***************************************
	(Important: Check all that apply.)													
3.1	3.1 Manufacture the toxic chemical: 3.2 Process the toxic chemical: 3.3 Otherwise use the toxic chemical: a. [] Produce b. [] Import						cal:							
	- A Trouble of Market													
If produce or import:  a. [] As a reactant														
c. [] For on-site use/processing d. [] For sale/distribution					b. [] As a formulation component c. [X] As an article component				a. [] As a chemical processing aid b. [] As a manufacturing aid					
e. [] As a byproduct d. [] Repackaging						30111	c. [] Ancillary or other use							
		. [] As an unpu	піу				e. [ ] As a	in impurity						
SECTIO	N 4. MAXIMUI	M AMOUNT O	F THE TO	ХІС СНЕМІ	CAL O	NSITE A	T ANY TI	ME DURING	THE CALI	ENDAR YEA	R			
					[ 03 ] (Enter two-digit code from instruction package.)									
SECTIO	N 5.QUANTIT	Y OF THE TOX	IC CHEM	ICAL ENTE	RING E	ACH EN	IVIRONME	ENTAL MED	TUM ONSI	TE			***************************************	
	-				A. Total Release (pounds/year*) (Enter range code or estimate**)				B. Basis of Estimate (enter code) C. % From Stor		nwater			
5.1	Fugitive or non air emissions	-point		NA []		A		O Guntaria and a						
5.2	Stack or point air emissions			NA[]	,	A			O A STATE OF THE S					
5.3	water bodies (e	eceiving streams nter one name p	er box)							9				
	Stream	n or Water Body	Name											
5.3.1	I	NA	5.3.1 NA						1					

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\*For Dioxin and Dioxin-like Compounds, report in grams/year
\*\*Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

# EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number	_
98134LSKNC32006	_
Toxic Chemical, Category or Generic Name	-
Manganese Compounds	_

		NA A. Total Release (pounds/year*) (enter range code** or estimate)  B. Basis of Estimate (enter								
5.4.1	Underground Injection onsite to Class I wells	[X]								
5.4.2 Underground Injection onsite to Class II-V wells [X]										
5.5	Disposal to land onsite									
5.5.1.A	RCRA subtitle C landfills	[X]								
5.5.1.B	Other landfills	[X]								
5.5.2	Land treatment/application farming	[ X ]								
5.5.3A	5.5.3A RCRA Subtitle C surface impoundments [X]									
5.5.3B	5.5.3B Other surface impoundments [X]									
5.5.4 Other disposal [X]						CRITICAL CONTROL CONTR				
SECTIO	ON 6. TRANSFERS OF THE TOXI	С СНЕМ	CAL IN WASTES TO OFF-SITE	LOCATI	ONS					
	CHARGES TO PUBLICLY OWN				·	·				
	otal Quantity Transferred to POTW	s and Basi	s of Estimate	***********						
6.1.A.1 Total Transfers (pounds/year*) (enter range code** or estimate)					6.1.A.2 Basis of Estimate (enter code)					
	A O									
	6.1. 1 POTW Name  WEST POINT TREATMENT PLANT									
POTW Address 1400 UTAH AVE										
City	SEATTLE	State	WA	County	King	7in	98199			

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\*\*Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

							TRI Facility ID Number					
EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTIN							.:	98134LSKNC32006				
							ED) Toxic Chemical, Category or Generic Nar					
					Manganese Compounds							
SECTIO	N 6.2 TRANSFERS TO OTHER O											
	6.2.1 Off-Site EPA Iden	Number	(RCRA ID No.)	WAD991281767								
	Off-Site I	Name		BURLINGTON ENVIRONMENTAL INC								
Off-Site Address								2024	5 77TH AVENUE SOI	J <b>TH</b>		
City	KENT	State	WA	County	Ki	ng		Zip	980321362	Country (Non-US)		
	Is location under contro	l of repoi	ting facil	ity or parent comp	pany?				[] Yes [ X	No		
	A. Total Transfers (pounds/ye (enter range code** or estim				is of Estimate iter code)			C. ' Recy	Type of Waste Treatment/I /cling/Energy Recovery (e)	Disposal/ nter code)		
	1 . <b>B</b>			1	. <b>C</b>				1 . <b>M93</b>			
	6.2.2 Off-Site EPA Ident	ification	Number	(RCRA ID No.)		ORD981766124						
************	Off-Site I	ocation l	Name			SAFETY-KLEEN SYSTEMS (714801)						
Off-Site Address						16540 SOUTHEAST 130TH STREET						
City	CLACKAMAS	State	OR	County	Clack	ama	s	Zip	970158944	Country (Non-US)		
Is location under control of reporting facility or parent company?						[] Yes [ X ] No						
A. Total Transfers (pounds/year*) (enter range code** or estimate)					is of Estimate	e. Type of waste fredithen Disposal			Disposal/			
	1.A	aic)	····	T	ter code)	Recycling/Energy Recovery (enter code)						
			1.0				1 . <b>M26</b>					
6.2.3 Off-Site EPA Identification Number (RCRA ID No.)						AZD980735500						
Off-Site Location Name						WORLD RESOURCES CO						
Off-Site Address								8113 V	VEST SHERMAN STI	REET		
City	TOLLESON	State	AZ	County Maricop				Zip	853533300	Country (Non-US)		
Is location under control of reporting facility or parent company?					oany?	[] Yes [ X ] No						
A. Total Transfers (pounds/year*) (enter range code** or estimate)				B. Basis of Estimate (enter code)			C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)					
1 . B				1. <b>C</b>			1 . M24					

SECTION 7A. ONSITE WASTE TREATMENT METHODS AND EFFICIENCY

[ X ] Not Applicable (NA) - Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.

b. Waste Treatment Method(s) Sequence

[enter 3-character code(s)]

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a. General Waste Stream

(enter code)

\*For Dioxin and Dioxin-like Compounds, report in grams/year
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d. Waste Treatment

Efficiency

Estimate

## EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number

98134LSKNC32006

Toxic Chemical, Category or Generic Name

**Manganese Compounds** 

## SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

[X] Not Applicable (NA) - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [enter 3-character code(s)]

### SECTION 7C. ON-SITE RECYCLING PROCESSES

[ X ] Not Applicable (NA) - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods [enter 3-character code(s)]

SECTIO	N 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES							
		Column Prior Ye (pounds/ye	ar	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)		
8.1		44						
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA		NA	NA	NA		
8.1b	Total other on-site disposal or other releases	10		10	10	10		
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	0		0	0	0		
8.1d	Total other off-site disposal or other releases	5		5	5	5		
	Quantity used for energy recovery onsite	NA		NA	NA	NA		
8.3	Quantity used for energy recovery offsite	NA		NA	NA	NA		
8.4	Quantity recycled onsite	NA		NA	NA	NA		
8.5	Quantity recycled offsite	255		505	260	260		
8.6	Quantity treated onsite	NA.		NA	NA	NA		
8.7	Quantity treated offsite	NA		NA	NA	NA		
8.8	Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production	processes (pounds/	year)		NA			
8.9	Production ratio or activity index		0.58					
8.10	Did your facility engage in any source r enter "NA" i	eduction activities n Section 8.10.1 an	for this cher d answer Se	mical during the reporting	year? If not,			
	Source Reduction Activities [enter code(s)] Methods to Identify Activity (enter codes)							
8.10. 1	W19	1		01	Г03	Т04		
8.10. 2	W29		T	01	Г03	T04		
8.10. 3	W39		T	01	Г03	T04		
8.11	If you wish to submit additional optional information on source reduct check "Yes."	ntrol activities,	ies, Yes[]					

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\*For Dioxin and Dioxin-like Compounds, report in grams/year

1 2 3 4 5 Additional Info							
'RI Facility ID Number							
98134LSKNC32006							
Toxic Chemical, Category or Generic Name							
Manganese Compounds							

Additional optional information on source reduction, recycling, or pollution control activities.